

Norovirus Toolkit



Using this toolkit will help you to control and maintain any suspected outbreaks of diarrhoea and/or vomiting.

For further advice please contact the Infection Prevention and Control Team on: 0121 612 1627/2768/2767

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Introduction

Norovirus, also called ‘winter vomiting disease’ because it usually occurs during the winter months, is the most frequent cause of infectious gastroenteritis and affects 600,000 to one million people in the United Kingdom every year. There are substantial financial implications of gastroenteritis outbreaks to a home.

Cases usually start to appear during the autumn, peaking during January. The symptoms usually last from 12 to 60 hours and will start with the sudden onset of nausea followed by projectile vomiting and diarrhoea.

This toolkit will provide information and guidance to support care homes if you suspect an outbreak of diarrhoea and/or vomiting. Early identification is the key to prevent the spread of Norovirus. Identifying/suspecting the initial case and following specific infection prevention precautions can halt the transmission of the virus and may stop an outbreak from occurring.

An outbreak should be considered if you notice 2 or more cases amongst service users and care workers of diarrhoea and/or vomiting which can not be attributed to any other cause in a 24 hour period.

These guidelines should read in conjunction with your home’s policy/procedures for Infection Prevention and Control, and procedures for Standard Precautions of Infection Control.

In the first instance you should collect the detailed information required to monitor progress of the suspected outbreak. A proforma with the information you will need to collect is included with this pack (Appendix 1 & 2).

Collecting this information will give you ‘at a glance’ details of how many service users and/or care workers that are affected at any point in the outbreak. This will also aid staff in decision making and facilitate others providing you with the correct advice. If you suspect an outbreak inform the person-in-charge and the proprietor as per your homes normal protocol.

It will be useful to make the General Practitioners responsible for your service users care aware of the situation, because although the vast majority of service users will recover spontaneously there may be instances when you need support from your GPs. The best place for people to be if they have Norovirus is in their own comfortable home. Admission to hospital should not be necessary if the affected service users are kept warm, hydrated and comfortable and in their own rooms.

As with any other illnesses which affect eating and drinking, encouraging frequent small regular amounts of fluid does help. Remember people often look and feel very ill when they have Norovirus but recover very quickly if they are kept hydrated.

Statutory requirements

You are required to report a suspected outbreak to the Health Protection Agency and the Care Quality Commission.

The Infection Prevention Team at Sandwell PCT will assist and support you to manage the outbreak and provide the care home with advice on the necessary infection control measures. The Infection Prevention Advisor may give advice over the phone or visit the home depending on the circumstances.

Admissions

If the outbreak is confirmed the home should stop all new admissions until all those affected have been free from symptoms for 48 hours and a deep clean has been carried out in the affected areas. This will help to stop the outbreak. Your home manager will make decisions regarding closure of the home with advice from the Health Protection Agency and the Infection Prevention and Control Team at the PCT.

Transfers from hospital with known outbreaks

Maintaining capacity in acute trusts is essential for continuation of service. There should be no restriction on the discharge of residents who have had a suspected or proven norovirus infection and have been symptom free for 48 hours or are asymptomatic but nursed on a ward where exposure was likely.

For residents who have some ongoing symptoms the resident's medical condition and infectiousness should be assessed by hospital staff. Usually it is acceptable to transfer the resident back to the home with some restriction on placing residents in isolation for 48 hours. It is important the resident returns to their home as quickly as possible where they know

staff. Clear communications between hospital staff and the home is vital.

Visitors

Your home manager will make the decision whether families and friends to refrain from visiting during the outbreak. Yet, social isolation may have a detrimental effect on service users especially those who may be confused if their normal routine is not followed.

As a very minimum the following should be applied:

- Visitors should be made aware of the situation and asked to wash their hands before entering and leaving the premises.
- Visitors should be asked to visit their own relatives only and not to visit other rooms for the duration of the outbreak.
- Relatives should be requested not to visit the home if they themselves experience any symptoms, and should remain at home for at least 48 hours after the last episode.
- Families should be asked not to bring in food of any kind during the outbreak.

Hand washing is the single most important measure in preventing further infection. Carers must wash their hands after handling resident's bodily fluids e.g. diarrhoea/vomit, their bedding, clothing or equipment.



Awareness Campaign

To heighten awareness and reduce outbreaks of Norovirus follow these steps during autumn:

- ★ Display the poster (Appendix 3) on the main entrance so that any visitors to the building are advised of the symptoms and do not enter if they are affected.
- ★ Ensure hand hygiene posters are available at all hand basins including visitor and resident toilets (Appendix 4).
- ★ Ensure hand decontamination leaflets are available in the main entrance (Appendix 5)
- ★ Ensure Norovirus Resident Leaflets are available (Appendix 6)
- ★ Ensure all staff are aware of the Norovirus Toolkit and where it is situated.
- ★ Ensure staff have read the Diarrhoea and Vomiting Policy CLIN 104.
- ★ Ensure Infection Prevention and Control Team Contact details are laminated and displayed (Appendix 7).
- ★ Ensure there are adequate supplies of:
 - Soap and paper towels
 - Cleaning equipment-disposable mops, cloths and bleach
 - Personal protective equipment i.e. disposable gloves and aprons
- ★ Being alert to the risk of an individual resident/staff with diarrhoea and/or vomiting



Action for **1** case of vomiting /diarrhoea

Residents may have diarrhoea and/or vomiting for many reasons. People usually have a sudden onset, especially vomiting which may be projectile if they have Norovirus.

Investigate other reasons of vomiting /diarrhoea, question the resident. There may be various reasons. Check:

- Whether the diarrhoea or vomiting is normal for the individual?
- Are they on any new medication?
- Are they on antibiotics (consider C.diff if resident experiencing diarrhoea only)?
- Are they on any laxatives?
- Is the resident constipated?
- Have they eaten anything that could cause them to have a stomach upset?
- Has the resident's visitors or their families had any symptoms (a visitor may have inadvertently brought the virus into the home)?

If you have eliminated other causes for their diarrhoea and/or vomiting and suspect Norovirus implementation of the following actions will minimise the spread of the virus and ensure the safety of the resident:

Explain to the resident your suspicions, letting them know the illness usually only lasts a couple of days and Follow actions (Appendix 8).

A decision tree (Appendix 9) will assist with the identification and management.

Action for **2 or more** cases of diarrhoea and/or vomiting

An outbreak should be considered if you notice two or more cases amongst service users and care workers of diarrhoea and/or vomiting which can not be attributed to any other cause in a 24 hour period.

To reduce the impact of Norovirus the identification of symptomatic staff and residents, implementing isolation and infection prevention precautions (see Appendix 9) and making all residents, staff and visitors aware of the situation, asking for their co-operation is essential to limit the impact and disruption of the home.

STOP

Are you suffering from:

diarrhoea, vomiting,
fever and/or flu like illness?



YES ↓

↓ **NO**

DO NOT ENTER

By doing so you may pass the virus on to other people, our residents and staff.

Return home, drink plenty of water and let the illness run its course.

If you have had diarrhoea and/or vomiting or flu like symptoms please do not visit until at least 48 hours after your symptoms have gone and you are fully recovered.

Welcome

Please wash your hands on entry and exit to the building.

Please do not sit on the bed.

**Help us to keep
our staff and
residents safe!**

 Please feel free to ring and enquire about the resident you wanted to visit.

 Norovirus and flu are unpleasant viral infections. People generally look and feel very ill but usually recover without treatment. If you are worried or have not recovered within three days call your doctor or NHS Direct on 0845 46 47



Wet



Soap



Wash



Rinse



Dry

Stop germs spreading.
The power is in your hands.

Have you washed your germs away? Wash your hands.

Introduction

Noroviruses are part of a group of viruses that are the most common cause of gastroenteritis (stomach bugs) in the UK. Noroviruses are also called the 'winter vomiting disease' because people tend to get them during the winter months. However, they can occur at any time of the year.

How is Norovirus spread?

It is estimated that the norovirus affects between 600,000 and 1 million people in the UK every year. Outbreaks of the illness are common, particularly within contained environments, such as hospitals, nursing homes, and schools. This is because the norovirus spreads very easily from person to person, and the virus can survive for several days in a contaminated area.

The norovirus can be spread through contact with an infected person, through contact with hands, surfaces, or objects that are contaminated with the virus, or by eating contaminated food or water.

There are many different types of norovirus, and it is possible for infection to occur several times. This is because after getting the illness, immunity to the virus only lasts for fourteen weeks. However, having recurring bouts of the norovirus may provide some protection from future infection.

Symptoms

The symptoms of norovirus usually start between 24-48 hours after the initial infection, although they can start after as little as 12 hours.

The first symptom is usually a sudden onset of nausea which is followed by projectile vomiting and watery diarrhoea. Some people may also have:

- A mild fever
- Headaches
- Stomach cramps or aching limbs

These symptoms usually last for 24 to 72 hours

Treatment

There is no specific treatment for a norovirus, apart from letting the condition run its course. If you, or your child, have a norovirus, starving (not eating) will not speed up the recovery process any more than eating a light diet. You should start by eating foods that are easy to digest, such as soup, rice, pasta, and bread. Babies should be given their normal feed.

Drinking plenty of water is important to replace the fluids that are lost through diarrhoea and vomiting to prevent dehydration. Young children and the elderly are particularly prone to dehydration and in some cases may require hospital treatment.

Prevention

Although it is not always possible to prevent getting a norovirus, good hygiene can help to limit the spread of the infection.

There are some practical steps that you can follow to help stop a norovirus spreading, some of which are outlined below.

- Wash your hands frequently and thoroughly, using soap and water, particularly after using the toilet, and before preparing food. Do not use alcohol hand rubs as they are ineffective against this virus.
- Disinfect any surfaces or objects that could be contaminated with a norovirus. It is best to use a bleach-based household cleaner. Always follow the instructions on the cleaning product-never use bleach on soft furnishings.
- Avoid eating raw, unwashed produce, and only eat oysters from a reliable source, because they have been known to carry the norovirus.
- Avoid wherever possible preparing food for others- as you can transmit the virus directly onto the food
- Flush away any infected faeces or vomit in the toilet. You should also keep the surrounding toilet area clean and hygienic with a bleach based household cleaner.
- Wash any clothing, or linens, which could have become contaminated with a norovirus. Place soiled items only directly into the washing machine and wash on hottest wash for the fabric. Don't forget to wash your hands following handling contaminated laundry (not in the kitchen sink)

If you have a norovirus, you should avoid direct contact with others, especially the elderly, or people vulnerable to infection. It is important that you do not visit residents in hospital or prepare food for others, until at least 48 hours after your symptoms have gone. This is because you may still be contagious, even though you are not displaying any symptoms.

Further information/advice

The infection control team are based at Kingston House, High Street, West Bromwich and include:

Anna Pronyszyn
Infection Control Nurse Consultant Nurse
0121 612 1627

Annette Vickery
Infection Prevention Advisor
0121 612 2767



The Infection Prevention and Control Team

The Infection Prevention and Control Team is a small group of specialist advisors, pharmacists, doctors and support staff, dedicated to promoting a safe environment for residents, staff and visitors.

The team provides expert advice to all grades of staff on the management of infected residents and other infection prevention and control issues.

Some of the key functions of the team include.

- Education
- Audit and surveillance, both local and national
- Decontamination
- Formulation of policies and guidelines
- Outbreak management
- Expert Advice

The team is based at Kingston House and consists of:

Anna Pronyszyn,

Infection Control Nurse Consultant Nurse

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Annette Vickery,

Infection Prevention Advisor

0121 612 2767

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Need a title for this? What is it for?

APPENDIX 8

Actions	Date	Signed
Patient Care		
Isolate the resident in a single room		
Investigate other reasons of vomiting/diarrhoea e.g. medication, laxatives		
Ensure resident has own toilet/commode facilities		
Provide soap, paper towels and fresh linen/towels daily		
Staff to encourage hand washing after toileting and before eating meals		
Stop laxatives/anti diarrhoeal medications		
Encourage fluids		
Remove any potentially contaminated food		
Isolation can be discontinued once the resident is symptom free for 48 hours		
Staff		
Advise staff of the need to increase the frequency of hand washing		
Inform GP		
Record date and time of onset of symptoms		
Obtain stool specimen - it does not matter if stool is mixed with urine		
Keep vital signs and fluid balance chart		
Staff should wear disposable gloves and aprons when dealing with body fluids (vomit and diarrhoea)		
Maintain Stool Chart (Appendix 11)		
Dispose of incontinence pads and tissue into hazardous waste bags (orange)		
Place soiled linen into red alginate bag and wash in machine e.g. do not manually sluice		
Cleaning		
Increase cleaning/disinfection of toilet and commode		
Ensure spillages have been dealt with appropriately e.g. any vomit		
Clean room daily with a hypochlorite solution (1,000 ppm) paying particular attention to toilet flush, door handles and other touch points. Do not use on soft furnishings		

Is it a Norovirus Outbreak?

A decision tree to help clinical staff

Outbreaks can start abruptly and spread quickly – to minimise their impact on patients and the hospital they must be recognised, reported and controlled very swiftly. This flowchart will help you make the right decision.

**A resident develops diarrhoea and or/vomiting.
An infectious cause is possible – is it part of an outbreak?**

Isolate symptomatic residents in a single room with the door closed to reduce risk of cross-transmission



Is there anyone else in the home (residents or staff) with diarrhoea or vomiting?



Are two or more of these “Norovirus Outbreak markers” present?

- Symptom onset was sudden
- Vomiting is projectile
- Diarrhoea is watery and not blood stained
- Symptomatic residents have not had laxatives or enemas with past 48hrs
- Negative stool for C. diff, Salmonella, E. coli O157, Cryptosporidium, shigella, and campylobacter. (But don't wait for results before reporting a suspected outbreak)

Not an outbreak (yet)

- Isolate the resident
- Start contact precautions
- Sent a stool sample to bacteriology and virology
- Be extra vigilant for other residents or staff developing symptoms
- Continue to monitor the residents condition
- Send symptomatic staff home



Likely to be a Norovirus Outbreak

- Alert the Infection Prevention Team
- Isolate the resident
- Send a stool sample to bacteriology and virology
- Contact precautions for all symptomatic residents, send symptomatic staff home
- Start Norovirus Outbreak Data Record for all symptomatic cases

Less likely to be Norovirus

- Isolate the resident(s) if possible
- Use contact precautions
- Send stool samples for culture
- Consider other causes of diarrhoea such as antibiotics, laxatives, constipation, food related, etc
- Call the Infection Prevention Team if you are concerned or if the situation changes



Infection Prevention Team Contact Number: 0121 612 1627

Action for two or more cases of vomiting/diarrhoea

Check list for managing Norovirus outbreaks

Care Home: _____ Onset date of outbreak: _____

Please sign when control measure is in place: _____

Managerial responsibilities-early identification and instigation of control measures will minimise the transmission of the virus	Date	Signed
Be aware of trigger to escalate response procedure (Appendix 11)		
Act promptly - identify all possible cases both residents and staff		
Commence Outbreak Record Chart for residents and staff (Appendix 1 & 2)		
Nominate a member of staff each shift to ensure all residents are assessed daily for symptoms, documentation is completed and liaise with the Infection Prevention Team		
Assure staff that residents will look ill but is a mild/short illness and residents should be cared for in their own safe environment		
Ensure there are adequate supplies of personal protective equipment		
Ensure all communication is disseminated to the appropriate personnel (Appendix 12)		
Discuss with Infection Prevention/HPA whether to close the home		
When remaining resident/staff asymptomatic for 48 hours agree with Infection Prevention/HPA whether to open the home		
Make arrangements for terminal clean prior to opening		
Communication Keeping staff, residents and visitors informed will relieve anxieties and ensure everyone is aware of outbreak control measures		
Notify all personnel on check list (Appendix 12)		
Inform visitors		
Inform resident's GP		
Inform all staff		
Remind staff and visitors to wash their hands on leaving each room		
Ensure residents, relative and visitors are aware of what Norovirus is and why the need to take the precautions		
Ensure poster is displayed in a prominent place before or as soon as the staff/visitors enter the building (Appendix 3)		
Ensure good communication with visitors to the home. A list of "Frequently asked Questions" will be kept at Reception (Appendix 13). If there are any other queries which cannot be answered the please contact the Infection Prevention and Control Team		

Visitors		
Good communication is vital. Visitors can bring the virus into the facility and spread the virus in the community if they do not adhere to good infection prevention precautions		
Relatives and visitors that have or are suffering from diarrhoea and vomiting must not visit the home until they are free from symptoms for 48 hours		
Discourage visitors, especially children		
All visitors must wash their hands before and after visiting or helping their relatives with food		
All visitors must report to the person-in-charge		
Relatives must not eat or drink within the facilities when visiting their relatives		
Relatives must not bring food into the home unless agreed by the manager		
Relatives should be discouraged from assisting with toilet duties during the outbreak however if they do wish to participate ensure adequate instruction and protective clothing are available		
Staff		
Staff who become symptomatic whilst on duty must immediately go off duty, they must not complete the shift. If staff have vomiting or diarrhoea at work the area (e.g. toilet) must be cleaned with bleach solution		
Any staff who have symptoms must report symptoms to their manager and stay off work until symptom free for 48 hours		
Non-essential staff must not visit the facility during the outbreak wherever possible, especially those who move from one home to another. If this is not possible the staff member must ensure they follow stringent infection prevention precautions		
Wherever possible there should be designated staff to care for infectious and non infectious residents		
Staff who have returned to work following being symptom free for 48 hours may care for infected residents		
All work should be carried out in rooms of asymptomatic residents first		
Staff within the facility should not do agency work as the virus can be transfer the virus to another home		
Where possible bank/agency staff should not be used in a home that is closed. However if necessary they should be 'blocked booked' and should not work in other Care Homes for at least 48 hours being asymptomatic		
GPs must visit uninfected areas before visiting symptomatic residents		

Personal Protective Equipment		
Disposable gloves, aprons and masks must be worn when cleaning vomit or attending to resident's when soiled with excreta		
Disposable gloves and aprons must be worn when in an infected resident's room		
Disposable gloves and aprons should also be worn when dealing with resident's medical equipment, bed linen, residents own clothing or environment		
Gloves and aprons must be changed in between residents care episode/task		
Gloves and aprons must be changed in between residents		
Masks can be worn when dealing with infected vomit or diarrhoea		
Gloves should never be carried in pockets of uniform		
Dispose of gloves and aprons in a orange bag immediately following use		
Hands must be washed following the removal of personal protective equipment		
Hand Hygiene		
Hand washing is important in preventing the spread of infection. Ensure Hand Wash Poster (Appendix 4) is displayed at all sinks		
Display poster to encourage relatives and visitors to wash their hands before entering and leaving the residents room		
Ensure there are adequate supplies of soap and paper towels at all hand wash basins		
Hands must be washed with soap and running water and dried with paper towels. Alcohol hand rub must not be used – alcohol will not kill Norovirus		
Resident's hands must be washed before eating and after visiting the toilet with soap and running water and dried with paper towels. Alcohol hand rub must not be used – alcohol will not kill Norovirus		
Specimens		
Obtain stool/vomit specimens, preferably from first episode (to assist detection of organism) and send to the Microbiology laboratory. Request C&S and virology		
A cluster of specimens will only be processed for Norovirus please seek Infection Prevention and Control approval		
Specimens must be sent with a microbiology form stating date of onset of symptoms and date and time of specimen collection		
Specimens must be taken within 48 hours of onset or the specimen will be rejected		

Management of resident		
Ensure a record is kept of the resident's diarrhoea using the Bristol Stool Chart (Appendix 11). Completion of the stool chart is important to assess the situation and the resident's condition		
Encourage small amounts of fluid often to stop the resident from becoming dehydrated		
Monitor the patient's fluid balance and record episodes of diarrhoea/vomit on the chart		
If patient's become dehydrated ensure they are promptly seen by medical staff and appropriate action taken		
Stop all laxatives and anti diarrhoeal drugs unless instructed not to do so by the residents G/P		
Resident's hands must be washed before eating and after visiting the toilet with soap and running water and dried with paper towels. Alcohol hand rub must not be used – alcohol will not kill Norovirus		
Complete and maintain Outbreak Record Chart (Appendix 1)		
Isolating Residents		
Residents should be nursed in their own room till 48 hour symptom free		
Resident should not go to communal areas e.g. dining room, hairdressing salon		
Separate toilet/commode facilities should be provided for affected residents		
Resident movement should be avoided unless medically urgent. If this is necessary communication with other facilities is vital to prevent further outbreaks. Please complete Inter health transfer form (Appendix 13) check this appendix is right?		
Where possible single-use equipment should be used		
The resident or residents must be allocated their own equipment. If this is not possible equipment must be cleaned with a bleach solution (if compatible) in between patients		

Cleaning of the environment A high standard of cleaning is essential. Arrangements should be in place to ensure the facility is cleaned three times per day. Cleaners should pay attention to "touch points" e.g. toilet handles, grab rails, door handles and taps. Cleaning is everyone's responsibility.		
The domestic service must be informed of the precaution required. Only disposable equipment must be used		
'Non-infected' resident rooms to be cleaned first		
Use yellow disposable cloths use. Designated mop and bucket for isolated residents and residents' bathrooms and toilets. General cleaning of the environment is to be increased to three times daily with a hypochlorite (bleach) solution, paying particular attention to bedside tables, horizontal surfaces, toilets, toilet flushes and taps and dispose immediately		
Make up 1 litre of fresh bleach daily. Label bottle with product name, dilution date and time. Store out of natural sunlight and locked away from residents. DO NOT USE ON SOFT FURNISHINGS		
Staff must ensure there is a solution of bleach made up fresh each day and stored in the dirty utility. Staff should use this to clean residents' bed tables etc before meals and on equipment between use		
Clean and dry toilet seats paying attention underneath the seat and the arms using a hypochlorite (bleach) solution		
Deal with spillages immediately and dispose in orange waste bags		
Once all residents and staff have been asymptomatic for 48 hours the entire centre should be deep cleaned and re-opened after advice from the Infection Prevention and Control Team		
Once a patient is asymptomatic for 48 hours curtains to be changed, carpet steam cleaned and room cleaned with bleach solution. For further information on daily and terminal cleans please refer to section Isolation Policy CLIN 102		
Laundry		
Ensure laundry staff are aware of outbreak		
Linen from symptomatic residents must be placed directly in an alginate bag and then placed inside a red 'infected' laundry bag. DO NOT hand wash or sluice items		
Do not leave any soiled linen inside resident's room		
Place alginate bags directly into washing machine wearing gloves and aprons. Advice should be given for staff to wash their hands (not in the kitchen sink) following transfer of laundry to washing machine. Soiled linen should be washed separately at the highest temperature possible		

Catering It is extremely important to check that no kitchen staff have symptoms and high standards of kitchen hygiene is maintained		
Remove exposed food from communal areas		
Food possibly contaminated must be washed or destroyed		
All open food and fruit etc must be removed or covered from the resident's room to prevent contamination by aerosols		
The trolley used to collect food tray should be cleaned with a bleach solution		
All trays should be washed in the dishwasher, if possible		
Staff handling food in the kitchen should wash their hands and put on full overcoat		
Staff supplying food and drinks must wash their hands and put on a blue apron		
Cleaning of kitchen areas should be increased		

Escalation Procedure for Management of Suspected Norovirus Outbreaks

APPENDIX 12

Alert	Triggers	Action	By whom	Response
GREEN	Known outbreaks in the community	Raise awareness of norovirus Ensure all residents admitted with D & V are isolated	IPC Team Clinical Staff	If residents admitted with symptoms are contained and there is no spread to existing residents status remains Green
	No outbreaks within the healthcare facilities	Initiate responsible visiting – Display poster at entrance	All above and Comms	Press release to the public
AMBER	1 suspected case in isolation	Monitor fluid intake and commence stool chart Enhanced cleaning Instigate outbreak monitoring Transfer of any residents to be discussed with IPCT	Clinical staff Facilities IPC Team IPC Team	Inform relevant managers Consider extra cleaning hours Assess risk and liaise with relevant departments If cases resolve with no spread return to Green. If further cases move to Red
RED	2 or more suspected cases	Follow procedures as for Green and Amber Convene outbreak meeting to discuss closure Commence notification list Daily assessment of ward Restricted Visiting to be initiated <ul style="list-style-type: none"> No visitors without agreement with nurse-in-charge Only immediate family/ close friends Report as Serious Untoward Incident	IPC Team IPC Team and Clinical Staff Clinical Staff Comms Clinical Governance Facilitator	Contact Consultant Microbiologist, Matron, On Call Manager Closure of facility All relevant personnel informed IPC Team to review daily including weekends Alert the public via press releases/public website Complete TTR Re-open when all residents and staff asymptomatic for 48 hours. Return to Green

Notification List

APPENDIX
13

Personnel	Date informed	Name
Home Manager		
GP		
Other service providers e.g. Physiotherapist, podiatrist		
Sandwell PCT IPCT		
Health Protection Agency		
Care staff		
Domestic staff		
Laundry staff		
Kitchen staff		
Other Staff Handyman etc		
Visitors		
Day centre		

Help us to stop the spread of Norovirus

Introduction

This is to inform you that there are a small number of residents being investigated for Norovirus at the centre at this present time.

What is Norovirus?

Norovirus is the most common cause of vomiting and diarrhoea at this time of year. It can be a nasty experience for those affected but it is usually short lived and people recover after 12–60 hours.

What are the symptoms?

The usual symptoms are nausea followed by projectile vomiting and watery diarrhoea. People affected do not usually require hospital treatment.

Is there any treatment?

No – let the illness run its course and make sure you drink to avoid dehydration.

How did the virus get in to the home?

The virus is highly contagious and spreads from person to person. We have taken advice from the Infection Prevention and Control Team who have informed us that the key messages are:

- ★ Do not visit friends or relatives if you have symptoms as there is a risk you could introduce the infection to the centre.
- ★ Do not visit your GP or Accident & Emergency Department. People recover naturally without treatment. Make sure you drink plenty of fluids. If symptoms persist phone NHS Direct for advice.
- ★ Wash hands thoroughly on entry and exit of the building or after using the toilet.

What is the issue with The Care Home?

Norovirus cause problems when it gets into environments where people live or work in close proximity such as hospitals, care facilities or schools. It normally results in ward closures as measures are taken to stop the infection spreading. This means that we cannot admit any other residents or transfer residents to nursing or residential homes. It can also lead to staff illness. All of these things cause considerable disruption to our service.

Are there any serious risks?

The elderly and the young can sometimes get more serious infection or become dehydrated. This may require hospital admission in a few cases.

What is being done to control the outbreak?

The facility is being cleaned more frequently to remove the virus from the environment. Equipment is being cleaned regularly and residents affected are being isolated. All residents are being monitored for signs and symptoms of norovirus.

When will the Facility open again?

The Infection Prevention and Control Team review the situation on a daily basis. Once the residents have had no symptoms for 48 hours – the unit will be thoroughly disinfected and re-opened.

Health Protection Agency (2009) Norovirus Toolkit

<http://www.hpa.org.uk/ProductsServices/LocalServices/WestMidlands/RegionalPublications/Norovirus/>

Health Protection Scotland (2009) Norovirus flowchart

www.documents.hps.scot.nhs.uk/hai/infection-control/toolkits/norovirus-flowchart-2009-11.pdf

Sandwell PCT Clin 104 Policy for the management of diarrhoea and vomiting